EXHIBIT D

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

MDL Docket No. 1629
Master File No. 04-10981

IN RE: NEURONTIN MARKETING SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION

THIS DOCUMENT RELATES TO:

Shearer v. Pfizer Inc, 1:07-cv-11428-WGY

TRANSCRIPT OF THE EVIDENCE
(Volume 3)

BEFORE: The Honorable William G. Young,
District Judge, and a Jury

APPEARANCES:

FINKELSTEIN & PARTNERS, LLP (By Ronald Rosenkranz, Esq., Kenneth B. Fromson, and Keith L. Altman, Esq.), 1279 Route 300, P.O. Box 1111, Newburgh, New York 12551
- and -
JACK W. LONDON and ASSOCIATES, P.C. (By Jack W. London, Esq.), 3701 Bee Cave Road, Suite 200, Austin, Texas 78746
- and -
THE LANIER LAW FIRM PLLC (By Kenneth S. Soh, Esq.), 6810 FM1960 West, Houston, Texas 77069, on behalf of the Plaintiffs

1 Courthouse Way
Boston, Massachusetts
April 1, 2010

APPEARANCES (Cont'd)

BOIES, SCHILLER & FLEXNER LLP (By William S. Ohlemeyer, Esq.), 333 Main Street, Armonk, New York 10504
- and -
GOODELL, DeVRIES, LEECH & DANN, LLP (By Bonnie J. Beavan, Esq.), One South Street, 20th Floor, Baltimore, Maryland 21202
- and -
`SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP (By Catherine B. Stevens, Esq. and Mark S. Cheffo, Esq.), Four Times Square, New York, New York 10036, on behalf of the Defendant

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THE CLERK: All rise. Court is in session, please be seated.

THE COURT: Good morning, counsel.

COUNSEL: Good morning, your Honor.

THE COURT: We're down a juror. The juror's called. She's on her way. We're calling back to find out how close she is. And in the interim Ms. Smith tells me that you folks have an issue, so I came out to see if I could help.

MR. FROMSON: Your Honor, Kenneth Fromson, good morning. There are some documents that we would like to move into evidence before the deposition of Marty Teicher, as well as some documents that reflect the judgment and the plea which we think set the foundation for today's testimony, and that's what we have for you to discuss, which we would have asked for a side bar while the jury was here. So we appreciate your coming out this morning.

THE COURT: Fine. All right. Well, let's -- and they're in this folder?

MR. FROMSON: Your Honor, they're in a binder that was provided to the Court.

THE COURT: Right.

MR. FROMSON: And then I have the additional three documents that are not in the binder because they were not part of the deposition testimony.

THE COURT: Let's, well, let's just see here. AJ -- what I can do swiftly. AJS is admitted.

MS. STEVENS: Your Honor, we have some foundation objections to --

THE COURT: Well, you may. Do you expect to have an oral hearing on this document by document? I can take judicial notice of this. This is -- these are records of this particular Court, and the plea in this case I've already ruled is relevant. So once I've done that, what remains?

MS. STEVENS: There are several other documents that --

THE COURT: Well, I only said AJS.

MS. STEVENS: Thank you, your Honor.

THE COURT: Let's go step by step. AJS is in. What number?

THE CLERK: Hold on. I'll tell you.

THE COURT: Okay.

MR. ALTMAN: That should be 2000, your Honor.

THE COURT: 2000?

MR. FROMSON: 2000.

THE COURT: 2000.

(Exhibit marked in evidence.)

THE COURT: ASV I'll skip for a moment. ASW the same.

antiepileptic drugs, they're different kinds of drugs, right?
A Yes.
Q And they're different chemical compounds sometimes, right?
A Yes.
Q And they have different mechanisms of action, don't they?
A Yes, they do.
Q That means they behave differently when they take them, right?
A Correct.
Q And what you're saying, I think, is just because one of those drugs in the class has a certain effect on somebody who takes it doesn't mean another drug will have the same effect, right?
A Correct.
Q So, for example, if I were a doctor and I were going to look at a drug in that class like Lamotrigine or Topiramate, I would have to ask myself whether those drugs were going to behave like Neurontin based on what I knew about their chemical composition and the way they behave in the body?
A I don't have specific knowledge about those particular drugs but --
Q Well, let me rephrase the question. I think what you

are telling me is you shouldn't predict how one drug in a class is going to behave based on clinical data or information about another drug in that class?
A I guess what I would say is that it depends. It depends upon how significant the differences are and what the differences are you want to use it for. It's a factor you want to take into consideration.
Q And if I wanted to figure out what those differences are what kind of data would I look for?
MR. LONDON: Objection. That's not an economic --
THE COURT: Yes, sustained, on what I understand he's qualified to testify about.
Q In your profession, Doctor, if you want to determine significant differences between two different groups of things or groups of people or the behavior of two different groups of people, what kind of data do you use or what kind of experiments do you conduct?
A Well, I guess this is a question about what we call experimental economics. So, you would get together groups people and you would look at how they behaved under different circumstances.
Q Would you want to control that experiment?
A Yes, you would.
Q What does that mean?
A A controlled experiment involves, it involves a couple

of concepts. So, one thing you want to do in controlling your experiment is you want to make sure that you do a scientific experiment that let me say is just clean. So you want to make sure that whatever it is the effect you're interested in looking at or understanding that you've removed everything else from consideration and you're just looking at the influence of that one particular thing.
The other aspect of a controlled study that's important in the medical context is that you want to, you want to use a randomized clinical trial that's blinded.
Now, those are a lot of technical terms. But basically what the idea is that you want to get a group of people together and randomly separate them into two different groups and then to one group you would apply treatment, you would give them Neurontin, and to the other group you would give a placebo, a sugar pill, something that didn't have an effect, but you wouldn't let either the doctors or the people in those groups know whether they were actually receiving the treatment or the placebo. And you do that to eliminate bias and then you look at the results of the outcome and you say, okay, the people who basically had the placebo and didn't receive any effective therapy, did they respond to treatment or not compared to the ones who actually actively received the drug of Neurontin. And that's how you would construct, that's generally speaking

how you would construct a clinical trial.
Q Thank you, Doctor.
Now, another kind of medicine that is prescribed off-label for pain, or was prescribed off-label for pain during the period in which you were doing your study were tricyclic antidepressants, right?
MR. LONDON: I'm going to object. That's outside the scope of his expertise and outside the scope of --
THE COURT: Well, please don't argue. But I'll sustain it on that ground.
Q Do you know, Doctor, whether there were any other medicines being used off-label for pain during the period of time you studied?
A I presume there were.
Q All right. And do you know whether they were used notwithstanding the absence of any improper off-label promotion?
A You know, I assume based on the academic studies and elsewhere that there were drugs that were being used for pain and other indications that were legitimate off-label uses.
Q And would you agree with me that the best evidence of why a particular doctor chose to prescribe a particular medicine to a particular patient would be testimony from that doctor?